

Side Arm Certification

1. Type of Course:	2. Location of Course:	3. Name of Instructor:	4. Telephone Number of Instructor:			
5. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Private Investigation & Security Board? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Peace Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach proof of training.				
Type of Weapon:	Caliber/Model No.:	Automatic/ Revolver:	Barrel Length:	Date of Qualification:	70% or More?	Recommended Qualified
No. 1						
No. 2						
No. 3						
Signature of Certified Instructor: X_____ Date: _____						
I attest that the above information is correct and truthful to the best of my knowledge. X_____ Date: _____						